

BEHAVIORAL MODIFICATION IN MARRIAGE COUNSELING

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Preface

The present paper is by no means to be taken as a complete survey of Behavior Modification; nor is it even to be taken as a complete survey of how Behavior Modification can be used in marriage counseling. It is limited by the fact that the use of Behavior Modification in marriage counseling is still in the experimental stage; therefore, there is little printed material available and there has been very little systematic research done in this area. This paper is also limited in that the authors main interest is in how the behavioral approach to marriage counseling can be applied to the short term marriage counseling situations which the Army Chaplain many times finds himself.

The scope of this paper includes in the introduction a brief statement about Behavior Modification. Section one gives a brief over view to the theory of Behavioral Modification, and how it applies to marriage counseling. Section two gives a discussion of nine Behavioral Modification techniques which are used in marriage counseling. In section three the author attempts to apply the Behavioral Modification approach and some of its techniques to the short term marriage counseling situations in which the Army Chaplain may get involved.

The author having had no experience in the formal use of Behavioral Modification in marriage counseling had to depend

heavily on the experience of others. He is deeply indebted to the writings of David Knox, especially his book Marriage Happiness (Research Press Company); to Robert E. Alberti and Michael L. Emmons' book Your Perfect Right (Impact); and to Donald F. Tweedie's studies on the use of contracts in marriage counseling.

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INTRODUCTION

The Behavior Modification approach to marriage counseling and the systematic application of behavioral techniques to marriage problems has not been clarified through systematic research. However; through the work of Stuart (1969, 1971), Thomas, Carter and Gambrill (1969), Goldstein and Francis (1969), Patterson and Weiss (Weiss, 1971) coupled with the case studies of Madsen, (1969), Liberman, (1970) Knox, (1970) and the theoretical presentations of Lazarus, (1968), Rappapert and Harrell, (1971) it is suggested that the behavioral approach to marriage counseling and the use of behavioral techniques offers a useful approach to resolving problems which plague the husband - wife relationship.¹

Behavioral approaches to marriage counseling specify the problems the couple are having in concrete and observable terms, empirically applying principles of learning in working toward therapeutic goals. The key to successful marriage counseling, no matter what approach is used, is found in the changes made in the interpersonal consequences of the husband - wife behavior.²

¹ David Knox, Marriage Happiness (Champaign, Illinois: Research Press Company, 1971), p. 1.

² Robert Liberman, "Behavioral Approaches To Family and Couple Therapy," American Journal of Orthopsychiat, 40 (January, 1970), p. 106.

Therefore, the behavioral approach to marriage counseling puts the emphasis where it belongs when it stresses the point that the marriage counselor should focus primarily on the measurable and potentially measurable behavior of his clients. Coupled with the focus of the behavior of his clients is also the goal of "happiness", which causes most couples to seek marriage counseling. With the focus of his clients behavior in mind and the goal of the couple the counselor can best use his therapeutic time by identifying the behavior which produces happiness, and by doing away with the conditions which influence this behavior and by systematically structuring the environmental contingencies which keeps this behavior from occurring.³ Changing the contingencies by which one spouse gets acknowledgment and concern from the other spouse is the basic principle of learning that underlies the potency of the Behavioral Modification approach to marriage counseling. Most couples are very pleased with the focus upon behavior. How can a person know that he is loved except by the way people act toward him; what they say, how they look, how they touch, what they do. For years attention, praise, spoken niceties, and physical contact have been demonstrations of love. Who cares if someone loves them if they never receive evidence through attention, contact, or the spoken word? The behavioral approach is sensitive to the above feelings. It is concerned with initiating and maintaining the behaviors which result in marriage happiness.⁴

³Knox, Marriage Happiness, p. 2

⁴Ibid., p. 2.

I- THE THEORY OF BEHAVIORAL MODIFICATION THERAPY
AS APPLIED TO MARRIAGE COUNSELING

The couple or in many cases one of the spouses who seeks marriage counseling usually do so because they are dissatisfied with their marriage relationship. This dissatisfaction seems to arise from an "awareness" that things are not going the way the couple or one of the spouses thinks they should be. When this situation presents its self usually the couple or individual has only one goal in mind and that is happiness or satisfaction. In order for the couple to achieve this goal of happiness or satisfaction, there must be conformity to the expectations of the other partner or a modification of behavior within the relationship.⁵

The current splurge of marriage counseling which involves conformity or behavior modification within the marriage relationship is not simply an accident or passing fad. The increasing use of behavior modification in treatment for problems within the marriage relationship is anchored in a sound foundation and is not likely to blow away. The foundation of behavior modification in marriage counseling lies in the opportunity it offers to induce significant behavioral change in the spouses by a major restructuring

⁵James L. Hawkins, and Kathryn Johnsen, "Perception of Behavioral Conformity, Imputation of Consensus, and Marital Satisfaction," Journal of Marriage and The Family, (August, 1969), p. 507.

of their interpersonal environments. Marriage counseling can be particularly a potent means of behavior modification because the interpersonal environment that undergoes change is that of the day-to-day, face-to-face encounter an individual experiences with the most important person in his life - his spouse.⁶

Research on marriage and family patterns has demonstrated that cultural, social, and psychological learning variables play an important role in determining marital behavior. Behavior modification in marriage counseling involves more than just the here and now of the couple it also involves what the couple brought to their marriage. "A bride and groom bring to their marriage cultural heritages and reinforcement histories which will influence how they think, feel, and act toward each other. Not only do spouses learn marital role behaviors from their parents, relatives, peers and mass media, but, more important they are students and teachers of each other as well."⁷

A behavior modification approach to marriage counseling must realize the importance learning plays in marital behavior, because marital behavior rarely occurs independent of its consequences. The fact is that the attention a behavior gets often increases or decreases the probability that the behavior will recur. A wife who thanks her husband for helping her do the dishes increases the probability that he will help her again. On the other hand the wife who scoldes her husband when he doesn't help her with the

⁶Liberman, "Behavioral Approaches," p. 106.

⁷Knox, Marriage Happiness, p. 4.

dishes, "If you were any kind of a husband, you would help me with the dishes every night after dinner", is probably not only insuring that he will not help her that night, but also that he will not help her as frequently as before.

If the counselor is going to try to get the partners to modify the above type behavior in order to get the desired results it is helpful for the partners to specify marital problems in terms of specific behaviors. A spouse's problems are defined in terms of behaviors that either mate would like terminated, decreased or increased, modified, or perhaps, developed. "For example, some husbands may report a desire (goal) to stop premature ejaculation (therapy goal), while other husbands may indicate that nagging behavior should terminate (decrease negative and increase positive verbal statement). Some wives may want to enjoy sex (achieve orgasmic behavior), while others may report a desire to have their husbands' drinking behaviors controlled (terminate non-controlled and initiate controlled drinking)."⁸

The pinpointing of the specific behaviors is followed by the spouses keeping accurate records of the specific behaviors. They are to record how often and under what conditions premature ejaculation, no orgasm, nagging or drinking alcohol occur. No one knows how often and under what conditions these behaviors occur unless the behaviors are recorded. To assist in the recording procedure, spouses are given blank charts to record the frequency of various behaviors and a sample of their "at home" interaction. These charts are also helpful in evaluating changes over a period

⁸ Ibid., p. 5.

of time as well as being helpful in deciding what contingencies to establish (see Appendix).⁹ Unless records are kept, it is impossible to know if the goals of therapy are being achieved. Spouses should continue to keep records throughout therapy to determine if the desired changes are occurring. If desirable changes are not developing, new modifications or manipulations must be carried out until success is achieved. This modification or manipulation may involve the counselor establishing external environmental contingencies, in order to produce the behavior he desires in his clients. It may also involve getting the clients to influence each others behavior by manipulation of certain contingencies. The therapy which the counselor does with the client or clients is done with both the husband and wife together if possible. "The insistence on involving both spouses in therapy has two effects: (1) the 'problems' are considered to be 'unite' problems which encourage a joint effort to resolve the experienced difficulty; and (2) the notion of a 'sick' spouse, presumably responsible for the marital unhappiness, is obviated."¹⁰

The amount of time clients spend working on their marital problems is labeled as "on task" behavior. "On task" behavior in the behavioral sense is defined as paying complete attention to the work, play or materials prescribed by the therapist during therapy sessions and the behaviors which seem to get the clients "on task." It is important for the counselor to help couples make basic decisions as to the amount of time they will spend

⁹ Ibid., p. 5.

¹⁰ Ibid., p. 14.

"on task" behavior; and to point out that "on task" communication does not automatically occur just because two people are in the proximity of one another.

It should be made clear that "on task" communication does not necessarily occur at a movie, while watching television, or even when husband and wife take sometime off and spend a week-end together. The counselor should schedule "on task" time for clients such as two fifteen-minute sessions daily. The partners during this time turn the television off, put down the newspaper, the book, or anything else that would keep them from giving their undivided attention to one another and they communicate "on task."¹¹

The behavioral approach is sometimes presumed to be preoccupied with limited circumscribed behaviors or sequences of behavior with neglect of the total person as he interprets his environment. Behavior as has been defined in this paper refers to any measurable or potentially measurable human response. This includes not only overt behavior but cognitive and physiological process as well. The proficiency of treatment is improved by dealing specifically with all three types of personal reactions. "A husband who interprets his wife's yelling as an attempt to get his attention will respond differently from the husband who interprets the same yell as intimidation or scorn. In a similar way, if a husband reacts with extreme 'anxiety' (physiological arousal) to his wife's anger, his response may be different from that of a less 'sensitive' person. Hence, within the behavioral

¹¹Ibid., p. 21.

framework, cognitions and physiological reactions are considered as important as overt behavior."¹²

Problems arise when it is assumed that covert behavioral change (insight) must always precede overt behavioral change. The relationship between the two types of behavioral change is like the proverbial story of the chicken and the egg. In many cases, overt change may precede covert change, however; in other cases there is indication that "insight" (covert behavior) may, indeed, effectively cause overt behavioral change. An illustration of "insight" effectively causing overt behavioral change was given by Lazarus in one of his case studies. His client had been involved in behavior therapy for impotence and many behavioral techniques had been utilized to no avail. It was not until Lazarus and the client were involved in a discussion of sex that Lazarus discovered the patients misconception that "Vaginas have the capacity to squeeze the penis off." Until the clients thoughts (covert behaviors) were changed ("insight"), Lazarus had little therapeutic success.¹³

"Insight as used here refers primarily to a misconception which differs from the traditional psychodynamic view of 'insight' or understanding and accepting the presumed causes and dynamics responsible for ones symptoms. It is important to distinguish between the identification of cognitive distortions (acceptable to behaviorist) and 'insight' in the traditional sense (unacceptable)."¹⁴

¹²Ibid., p. 15.

¹³Ibid., p. 15.

¹⁴Ibid., p. 15.

The important thing is that the counselor should be concerned with both behaviors and cognitions, because in some cases it may be necessary to have a cognitive restructuring process before lasting behavioral changes can take place. Lazarus points out that a change of cognitions may both facilitate other behavioral changes (overt) and may also be involved in the inducement of some permanent changes.¹⁵

The important influence of cognitions on behavior was noted by Ellis (1962) and Lazarus (1971). It was their feeling, since most marital discord involves many faulty cognitions and misconceptions, that the major therapeutic goal should be to restructure the psychological world of the couple. "This involves making a systematic investigation of the basic assumptions which underlie the respective response patterns of the husband and wife and assisting them in making decisions relative to the modification development, and acceptance of more adoptive 'rules' and cognitions."¹⁶

A big problem in relation to making decisions is the inability of a client to discriminate who has the problem in any given situation. A wife, who says her parents do not like her husband and have never agreed of her marriage to him, has to come to the place where she can discriminate as to who has the problem, her or her parents. When she can come to the place where she realizes that her parents dislike of her husband has nothing to do with her having a happy marriage she has made a value decision. She has chosen her

¹⁵Ibid., p. 15.

¹⁶Ibid., p. 17.

husband over her parents and has clearly discriminated as to who has the problem. There must not only be a decision made as to who has the problem, but in some cases there must be a time when one spouse has to take the problem of the other partner as a problem of his own. One of the first goals of counseling is to get the partners to recognize and accept each others problems. For instance a husbands drinking problem must not only be seen as a problem by his wife but must also be accepted as a problem which she must cope with. On the other hand the husband must not only recognize his wife's feelings of loneliness and rejection but must accept her feelings as a problem he must cope with. The partners who will not choose to take the problem of the other will profit little from therapy. However, taking the problem of the other partner many times is dysfunctional especially when doing so hinders the clarification of separate and distinct role behaviors. The decision of when one must take the problem of the partner is crucial, and one on which the therapist should be concerned.¹⁷

Just as discrimination on who has the problem is an area of concern for the clients, establishing a hierarchy of values is also an area of concern. Each partner has learned a unique set of values or behavioral preferences and the behaviors each partner performs reflects the respective value system of each partner. A husband, who spends all of his free time with the boys and says that he values his wife over the boys, is deceiving himself. A wife who spends all of her time in club activities and says that she values her husband

¹⁷Ibid., p. 18.

over the club activities is also deceiving herself. The behavior of the above couple shows where their values are, no matter what they say. The therapist should clarify the values of the spouses by making reference to their specific behaviors. The partners may then decide to change their values, the wife will spend more time with her husband, or achieve acceptance from the spouse for their existing values, the husband will stop asking his wife when she will be home. These alternations become crucial since the husband, through observation of his wife's behavior, will know what her values are and whether or not she is making an effort to change. Throughout therapy, the therapist must communicate to his clients that their behaviors reflect their values.¹⁸

As stated in the beginning of this paper behavior therapy, as applied to marriage counseling, is a relatively new phenomenon. In regard to the new movement of behavior therapy, Paul (1966) indicated that both desirable and undesirable consequences follow from a flood of innovations. He explained that when innovations roll in so fast that evaluation of their effectiveness never gets beyond the case study stage that many new techniques may be prematurely adopted or rejected out-of-hand. The therapist must keep in mind that when behavioral principles, proven or unproven are applied to marriage problems the achievement of happier marriages may result or they may not. However, whether happier marriages result or not the therapist should never deceive himself into thinking that he can intervene in a marriage without influencing

¹⁸Ibid., p. 19.

the behavior of the partners. He will have a direct influence on the partners involved. With this in mind the therapist should plan deliberately, carefully and also be willing to take responsibility for his intervention.¹⁹

¹⁹Ibid., p. 16.

II- TECHNIQUES OF BEHAVIORAL MODIFICATION COMMONLY USED IN MARRIAGE COUNSELING

The therapist or counselor considers he has been successful when he is able to guide the members of the couple into changing their modes of dealing with each other from a negative manner to a positive manner. If the couple has learned to give each other recognition and approval for desired behavior instead of rewarding maladaptive behavior with attention and concern the counselor has been successful. Being successful as a counselor not only requires him to be sensitive to his clients, but he should be knowledgeable and skilled in applying various techniques.²⁰ Some of the commonly used behavioral modification techniques in marriage counseling are given in this section with a brief overview of each.

SELECTIVE REINFORCEMENT

When any behavior (desirable or undesirable) is followed (reinforced) by a desirable consequence, the probability of that same behavior recurring is increased. Behavior, no matter what type, is always strengthened when it is reinforced. Selective reinforcement is one of the most important techniques to be used in marriage counseling. In the marriage relationship as in other relationships behavior is learned, therefore, it is important for the therapist and clients to use selective reinforcement and be aware of what behavior is being taught. The problem with reinforcement is that ^athe wife or husband inadvertently reinforces the behavior of the

²⁰Lieberman, "Behavioral Approaches," pp. 106-107.

other, for better or for worse. An example is a wife who mentions to her husband that she has noticed that he is spending more time at the office and that he is coming home later may not realize that in effect, she is reinforcing both spending more time at the office and coming home late which are undesirable behaviors to her. The wife should have been selective and reinforced desirable behavior like staying at home, rather than reinforcing undesirable behavior like coming home late.²¹

EXTINCTION

This technique can be considered as opposite to selective reinforcement. The counselor in this technique helps the client select a behavior in his spouse that he does not want to reinforce but in fact wants to extinguish or stop. Behavior that a client may want to extinguish in his spouse may be nagging, crying, yelling, being late or forgetting, therefore, he would attempt to identify and withdraw the specific reinforcer for that particular behavior. Two important things to remember in using this technique is that the withdrawal of a reinforcer must be consistent to be effective and that the client should always reward the behavior he wants just as he ignores the undesirable behavior.²²

SYSTEMATIC DESENSITIZATION

This technique is one of the more useful ones for marriage counselors. It can be used in the treatment of frigidity, impotence, premature ejaculation, fears, and phobias as they affect marital

²¹Knox, Marriage Happiness, pp. 22-23.

²²Ibid., pp. 23-24.

interaction. The basic idea of desensitization is that anxiety and relaxation are incompatible; therefore, if relaxation can be substituted for anxiety and tension, positive behavior becomes a more feasible possibility. The format used for desensitization usually involves three stages. "(1) listing a hierarchy of situations ranging from those which produce the least anxiety to those which produce the greatest anxiety (2) training in relaxation which may be induced by hypnosis, a mixture of carbon dioxide - oxygen, or muscle tension release and (3) the systematic pairing of the state of relaxation with the items of the hierarchy."²³

"A tape recorder is a useful asset in therapy in that the client can record the desensitization or relaxation session and play these tapes at home. This results in greater muscle relaxation and more speed of therapy."²⁴

MODELING

Modeling or as sometimes called imitation or identification is a technique where the model usually the therapist, exhibits desired, adaptive behavior which then is imitated by the client. Modeling is valuable in that it enables the client to short - circuit the tedious and lengthy process of trial - and - error learning while interacting with his spouse.²⁵

Modeling is also effective when the clients interact with other married couples who exhibit desired responses or good model

²³Ibid., p. 25.

²⁴Ibid., p. 25.

²⁵Liberman, "Behavioral Approaches." p. 108.

behavior. The result can be that the partners will respond to each other in a more adaptive way.²⁶

STOP-THINK

This technique involves the client interrupting his negative thoughts and replacing them with a more positive set of ideas. The stop-think technique is used by the client when he becomes aware of various ruminations which would cause anxiety or unhappiness. The client is instructed to say to himself "Stop", then he is to get an index card on which he has written a number of pleasurable statements. The result is that the negative pattern is interrupted and substituted by positive thoughts which are incompatible with anxiety or unhappiness.²⁷

PREMACK PRINCIPLE

The Premack Principle is a form of contingency contracting in that one enjoyable behavior is made contingent on another behavior of the same person. As an example, a wife who does not like to go to football games, but who wants to achieve a positive attitude toward going to football games with her husband, may make her attendance at her garden club meeting contingent on going to the football games with her husband. The result can be a new and more positive attitude toward a previously negative event. A variation of the contingency structuring is when the client takes part in a desirable activity contingent on the behavior of someone else. For example a wife who does not like her

²⁶Knox, Marriage Happiness, p. 27.

²⁷Ibid., p. 28.

husband to go fishing may make her enjoyable activities contingent on him going fishing. When her husband goes fishing she may engage in a behavior that she enjoys.²⁸

COVERT REINFORCEMENT

This technique is one where the clients may encourage positive changes in their behavior by the use of reinforcing thoughts. As an example, a wife who dislikes her father-in-law, but who values a positive relationship with him would think about her beautiful flower garden subsequent to her thought to visit her father-in-law. The result is that a positive attitude toward visiting her father-in-law may be effected. The client is first trained to use this technique in the counselors office. After he is able to effectively administer a mental reinforcement, he is instructed to use this procedure whenever maladaptive avoidance behavior and approach behavior occur.²⁹

ASSERTIVE TRAINING

It is believed by Alberti and Emmons in their book Your Perfect Right that a person can act one of three ways in any circumstance. He can be nonassertive, he can be assertive, or he can be aggressive. He should be able to choose for himself how he will act in a given circumstance.³⁰ The behavior which

²⁸ Ibid., pp. 28-19.

²⁹ Ibid., pp. 29-30.

³⁰ Robert E. Abberti and Michael L. Emmons, Your Perfect Right (Glendale, Arizona: Grandview Printers, 1970), p. 28.

enables a person to act in his own best interests, to stand up for himself or his family without undue anxiety, or exercise his rights without denying the rights of others is assertive behavior. The non-assertive person on the other hand is likely to think of the appropriate response after the opportunity has passed. The aggressive person will strike out with his behavior and most likely will not give it another thought, but he has already made a deep and negative impression and may later be sorry for it.³¹

The non-assertive behavior and the aggressive behavior usually results in frustration, anxiety, guilt and dissatisfaction. Therefore, the counselor, acting on the assumption that every person has worth and dignity and must be related to as a human being, should train his clients to assert themselves and to insist on their legitimate rights as persons. The ability to assert ones self is often dependent on a positive self concept. However, a positive self concept may follow from training in assertive responses. Hence, the ability to assert ones self often results in a good self concept.³²

Clients can be reinforced for asserting themselves and helped in developing the ability to insist on legitimate concerns, through reasoning, assignment to tasks, and role playing. An example of reasoning could involve a dedicated interchange in which the futility of intimidation is explored. It is unreasonable

³¹Ibid., pp. 7-8.

³²Knox, Marriage Happiness, p. 26.

for one human being, whether inside or outside a marriage relationship, to intimidate another for any reason. It is also unreasonable for any human being to allow himself to be intimidated. The assignment of tasks involves the client in being assigned to engage in a repertoire of assertive verbal responses when interacting with a specific individual. Males are often instructed to assert themselves with their friends while on the other hand wives are instructed to assert themselves with their husbands. There is also role playing involved because the counselor will often model the role he believes his client should play. For example, in the case of a woman whose husband continues to have a girlfriend, the counselor would play the role of the wife, while the wife plays the role of the husband. The counselor playing the role of the wife would then explain to the husband, who is played by the wife, that she is willing to change her behavior to make him happier. However, in return she expects him to terminate relationship with his girlfriend. The wife then models her normal role as wife while the counselor plays the role of the husband. This could be repeated a number of times until the client feels the role becomes her own. Throughout this process behavioral responses are systematically shaped so that the wife becomes comfortable in asserting herself to her husband at the same time making legitimate demands on him.³³

EXCHANGE CONTRACTS

Contract exchange operates on the thesis that effective behavioral change can be brought about by explicit agreement of

³³Ibid., pp. 26-27.

two spouses through the mediation of a third party negotiator. The basic assumption involved here is that spouses are able and willing to change behavior in their relationship when they perceive that the new behavior will obtain happiness and a better marriage relationship.³⁴

The contract which is exchanged identifies behaviors each spouse would like his partner to modify and it also identifies behaviors each spouse agrees to modify in exchange for the desirable behavior on the part of the partner. For example, a wife wanted her husband to go shopping with her. Her husband, on the other hand, wanted his wife to cook him a cake. The contract between the two would read as follows:

For Mr. X: I agree to go shopping with my wife once a week if, in return, she cooks me a cake once a week.

For Mrs. X: I agree to cook my husband a cake once a week if, in return, he goes shopping with me once a week.³⁵

In order to increase the probability of the spouses fulfilling the terms of a contract it is important to specify what type of rewards the spouse, environment and therapist will use. It is also important for the contract to stress increasing positive behavior rather than decreasing negative behavior. It is also advisable for each spouse to keep records on the desirable behavior of the other partner for the duration of the contract.³⁶

³⁴ Donald F. Tweedie, "Contract Therapy: The Renegotiation Of Marriage And The Family," (Fuller Theological Seminary), p. 2.

³⁵ Knox, Marriage Happiness, p. 30.

³⁶ Ibid., p. 31.

The contract made should be in written form because the written contract seems to have a 'magic' affect for most contract members, in the power of sustaining change and also it tends to crystallize and focus commitment for behavioral change. The end result being that, by writing down what specific behaviors are to occur, when they are to occur and with what consequences, marital happiness becomes a realistic possibility.³⁷

³⁷Tweedie, "Contract Therapy:", p. 5.

III- HOW BEHAVIORAL MODIFICATION CAN AID THE MILITARY CHAPLAIN IN SHORT TERM MARRIAGE COUNSELING

The military chaplain, because of the uniqueness of his ministry and the uniqueness of the personnel he serves, is placed in the situation many times of having to do short term marriage counseling. It may even be labeled by some as crisis type marriage counseling. The situation is such that the chaplain most of the time can not afford himself the luxury of long term counseling.

There are three main factors which constitute the uniqueness of the chaplains ministry and the uniqueness of the personnel he serves. First, the chaplain is to be the religious leader or pastor within the unit to which he is assigned. Being the pastor within the unit to which he is assigned involves many things other than counseling. In fact counseling should be only a minor part of his over all task. Second, the chaplain is usually called upon to cover or minister to more personnel than he can possibly cover. For instance one chaplain can be assigned the coverage of as many as one thousand to fifteen hundred military personnel plus their dependants. Therefore, if he did nothing but counsel and did long term counseling where it was needed he would soon have a counseling load which no one man could possible handle. The point to be made here is that the choice to do only counseling is not the chaplains. His job description within the military involves

more than counseling. Third, the mobility of the military community, to include the chaplain, makes it impossible in most cases to do long term counseling.

With the above factors in mind it is the opinion of the author that the military chaplain needs an adequate method of short term counseling. An adequate method of short term counseling is especially needed for marriage counseling. In making use of the behavioral modification approach to marriage counseling discussed earlier in this paper and the suggested formate that follows the author beleives that effective short term marriage counseling can be possible.

One of the first and most important things the counselor needs to know is how each partner views the marriage relationship. In order for the counselor to get a comprehensive picture of both spouses and the marriage relationship, it is recommended that he give a marriage inventory or questionnaire, as shown in the appendix, to each partner at the close of the first counseling session. The couple will fill out the inventories at home and return them to the counselor before the next session. The inventory as shown in the appendix gives more than just information. The inventory also gives the spouses an opportunity to state their goals for marriage counseling, to list behaviors they like or dislike in the other spouse, and to list behavior each wants changed in himself and in the other spouse. Therefore, the inventory doesn't just give the counselor a picture of what has happened in the marriage relationship it also gives the

direction the couple wants to go and what they are willing to do in order that they might reach the goals they have made.

The second step is for the counselor in the second session to interpret to the couple what the inventory tells him about the marriage. The counselor then for a starting point to a happier marriage asks each spouse to pinpoint the specific behavior which is contributing the most unhappiness to the marriage. In getting the couple to list the specific behavior which contributes most to their unhappiness rather than listing everything that is wrong with the marriage the counselor is dealing with what can be called a chewable bite. What the author means by a chewable bite is that the counselor doesn't try to work with all that is wrong with the marriage but rather he works with and tries to get the couple to modify the behavior which is causing the most unhappiness at that particular time. In the process of pinpointing specific behavior for modification it is a must for the couple to keep records of what transactions take place between them in relation to the behavior they want modified. This record keeping can best be done by the use of the two forms found in the appendix. One of the forms is known as the behavioral record form and the other is known as the behavioral observation form. The behavioral record form is used to record the number of times the observed behavior occurred. The behavioral observation form is used to record specific desirable and undesirable behaviors.

During the first two sessions the counselor, through personal counseling and the use of the inventory, has gotten a good idea

as to the state of the marriage at that particular time. He has also described the principle of pinpointing and recording specific behaviors. The counselor then at the close of the second session gives the couple the assignment of keeping records on the pinpointed behavior until they come back for their third session.

The counselor in the third session reviews the records of behavior which the couple has kept on the specific behavior since the last session. When the review of the records is completed the counselor presents the couple with the technique of exchanging a contract. He explains to them the relationship between the contract and the pinpointed specific behavior which is to be modified. After the counselor has presented the technique to the couple he then works with them trying to lead them to a negotiated contractual agreement to the resolution of their conflict and the modification of the specific pinpointed behavior. This negotiation period may last for a session or it may last for two or more sessions. As explained in section two of this paper, contracts are always put down in written form and signed by the persons involved. In most cases the contract is between the two spouses, however, there can also be a contract between the couple and the counselor or between one of the spouses and the counselor. It is very important for the counselor in making the contract to help each spouse get the "best deal" possible, consonant with personal desires and the common aim of the couple.

During the negotiating period before the contract is signed and during the time the contract is in affect the counselor may

use one or more of the behavioral modification techniques discussed in section two of this paper. Through the use of personal counseling and the appropriate behavior modification techniques the counselor can usually aid the couple in reaching the goals they have set for a particular contract. When the goals of a particular contract are reached the couple and counselor decide if further counseling is desired or needed. If a decision is made for further counseling the counselor will go through the same steps as given above, in dealing with specific pinpointed behavior.

The author sees in the above method of counseling some important advantages for the military chaplain. The first is that the counselor zeros in on behavior that is causing a problem for the marriage in the here and now. Second he deals with realistic goals which are attainable within a reasonable short time. Third, the counselor if need be, can adapt this method to a three to five session counseling period. Fourth, this method aids the couple in learning to work together.

The main disadvantage the author sees in this method of marriage counseling is that at best the counselor is treating the symptom rather than the cause. It is for this reason that the author would not suggest using this method with a couple where one or both spouses have a severe personality disorder. In situations of this nature the counselor should refer the couple to a trained Clinical Psychologist or Psychiatrist whose primary interest and training is in depth analysis.

APPENDIX I

Marriage Inventory³⁸

PURPOSE OF THIS QUESTIONNAIRE: The purpose of this questionnaire is to obtain a comprehensive picture of you and your marriage. In scientific work, records are necessary, since they permit a more thorough dealing with one's problems. By completing these questions as fully and as accurately as you can, you will facilitate your therapeutic program. You are requested to answer these routine questions on your own time instead of using up your actual consulting time.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential. No outsider is permitted to see your case record without your permission.

If you do not desire to answer a question, merely write "do not care to answer."

³⁸ Knox, Marriage Happiness, pp. 138-144.

Date _____

1. GENERAL

NAME _____

ADDRESS _____

TELEPHONE NUMBER: Office _____ Home _____

AGE _____ OCCUPATION _____

BY WHOM WERE YOU REFERRED? _____

WITH WHOM ARE YOU NOW LIVING? (List people) _____

DO YOU LIVE IN A HOUSE, HOTEL, ROOM, APARTMENT, OR OTHER? _____

MARITAL STATUS: (Circle answer)

Single; Engaged; Married; Re-married; Separated; Divorced;
Widowed.

2. CLINICAL:

A. Underline any of the following words which apply to you:

A "nobody," "life is empty," a "somebody," "life is fun"
 Stupid, bright, incompetent, competent, sophisticated
 Guilty, at peace with self, horrible thoughts, pleasant
 thoughts, hostile, kind, full of hate, full of love
 Anxious, panicky, relaxed, cowardly, confident, unassertive,
 assertive, aggressive, friendly
 Ugly, beautiful, deformed, shapely, attractive, unattractive,
 pleasant, repulsive
 Depressed, happy, lonely, wanted, needed, unloved, loved,
 misunderstood, bored, active, restless
 Confused, full of pleasant thoughts about past events
 Worthwhile, sympathetic, intelligent, considerate

B. Underline any of the following that apply to you.

Headaches	Dizziness
In love	Stomach trouble
Content	Fatigue
Nightmares	Feel loved
Elated	Feel panicky
Depressed	Suicidal ideas
Unable to relax	Over-ambitious

Don't like weekends
and vacations
Can't make friends
Can't keep a job
Fainting spells
No appetite
Insomnia
Alcoholism
Tremors

Satisfied
Happy
Take drugs
Can't make decisions
Unable to have a good time
Concentration difficulties
Others:

3. PROBLEM AREAS IN MARRIAGE:

Please underline each specific problem area which you have had or are having in your marriage.
Include additional information for clarification if necessary.

A. SEX

1. When: A.M., P.M., before supper, etc.
2. How:
 - a. Spouse crude in approach
 - b. Too little foreplay
 - c. Other
3. Frequency
4. Premature ejaculation
5. Frigidity
6. Infidelity
7. Sex information
8. Impotence
9. Birth Control
10. Others

B. COMMUNICATION

1. Too little time spent in communicating
2. Nothing to talk about
3. Intellectual gaps
4. Topic or type of conversation (for example, one enjoys gossiping, the other talking about work)
5. How often to communicate when apart
6. Bitching
7. Manner of communication, hasty or impatient
8. Others

C. MONEY

1. Amount: too little, too much
2. Source of money: Gambling, borrowing, wife, parents, in-laws, husband, stocks
3. Who spends:
 - a. How much
 - b. On what
4. Bookkeeping:
 - a. Who manages the money
 - b. Joint bank account
5. Others

D. IN - LAWS

1. Which ones to visit
2. How much time with parents or in-laws
3. In-laws dislike daughter - or son-in-law, and show it
4. In-laws meddle and try to run children's lives
5. Whether to help in-laws financially
6. Advice from
7. Mate hates partner's parents
8. In-laws do not like each other
9. Others

E. RELIGION

1. Different religions
2. Religion for children
3. One spouse more devout than the other
4. Manner of celebrating holidays
5. Disagreement over religious rituals, (for example, birth control or circumcision)
6. Money to church
7. Unkept vows
8. Others

F. RECREATION

1. Amount of time for specific recreative activities.
2. What: disagreement as to type of recreation, (for example, drinking beer, gambling, fishing, shopping, bridge)
3. Who: solitary or family recreation
4. When to enjoy recreation (for example, after work or before, on Sunday morning or Saturday)
5. Where to spend vacation
6. Competition (for example, "egos" may be hurt if wife is more athletic than husband)
7. Others

G. FRIENDS

1. Different friends
2. Time with
3. Confidences to friends
4. Number:
 - a. Too few
 - b. Too many
5. Others

H. ALCOHOL

1. Who drinks
2. How much alcohol is acceptable
3. When and where to drink
4. Amount of money spent on alcohol
5. What to teach children about alcohol

6. Certain friends or relatives disapprove of your drinking
7. Different brands (for example, disagree on the merit of each)
8. Flirting because of drinking, or general embarrassment or violence
9. Others

I. Children

1. Number
 2. Spacing
 3. Discipline
 4. Time with
 5. Activities child should become involved in
 6. Rivalry for Children's love
 7. Sterility or infertility, whether to adopt
 8. Retarded or malformed or unwanted child
 9. Step-children
 10. Sex education
 11. Others
4. What specifically would you like to work on first? Rank the problems in the order that you would like to deal with them.
 5. What behaviors do you engage in that please your spouse?
 6. What behaviors does your spouse engage in that please you?
 7. What behaviors do you want to increase or develop in yourself?
 8. What behaviors do you want your spouse to increase or develop?
 9. Please add any information not tapped by this questionnaire that may aid your therapist in understanding you.

APPENDIX II
BEHAVIORAL RECORDS³⁹

Behavioral Record

WEEK OF April 1-7

BEHAVIOR BEING OBSERVED

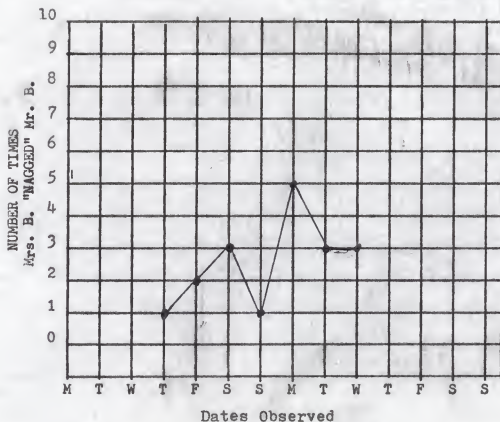
"Nagging" (criticism or other negative remarks)

OBSERVED BY

Mr. B.

CHART 3

Mr. B. recorded 18 occasions in which his wife criticized him or made a negative remark during one week.



³⁹Knox, Marriage Happiness, pp. 8-9.

Behavioral Record

WEEK OF

April 1-7

BEHAVIOR BEING OBSERVED

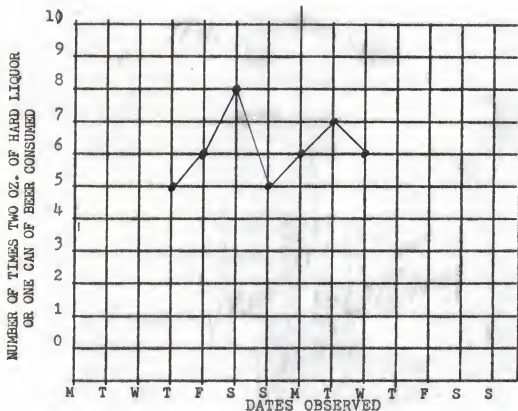
Drinking alcohol.

OBSERVED BY

Mrs. B.

CHART 4

Mr. B. drank 43 beers or "shots" in one week.



APPENDIX III
BEHAVIORAL OBSERVATIONS⁴⁰

CHART 7 Husband records his response to specific desirable and undesirable behaviors of his wife.		HUSBAND'S OBSERVATIONS DAY <u>Saturday</u> DATE <u>March 20</u>	
WIFE'S DESIRABLE BEHAVIOR	WIFE'S UNDESIRABLE BEHAVIOR	YOUR RESPONSE TO HER BEHAVIOR	
	Nagged me about cleaning house, washing her car, repairing the steps, etc.	"Short-ey."	
	Refused cintrouse	"I saw get it elsewhere"	
	Emptied my liquor bottles	cut down her beer drunk	
Annex delicious supper. Steak, potatoes, salad, fresh green peas, wine, etc.		Liked her & suggested we see a movie.	
Was ready to leave for movie "On time"		"I can't believe you're ready."	

⁴⁰ Knox, Marriage Happiness, pp. 12-13.

CHART 8

Wife records her response to specific desirable and undesirable behaviors of her husband.

WIFE'S OBSERVATIONS
DAY October 1955
DATE December

HUSBAND'S DESIRABLE BEHAVIOR	HUSBAND'S UNDERSTIRABLE BEHAVIOR	YOUR RESPONSE TO HIS BEHAVIOR
	Said to look port 8 back doors before coming to bed last night	"That's the third night in a row"
Said he enjoyed deep casserole		"Eats about twice you liked something"
	Told me he hated my mother	Cried
Called me at 5pm to tell me he wanted her late for supper		"Thanks for calling, see you at seven"
Told me he thought I was a good wife		Smiled, kissed him & led him to the bedroom!

BIBLIOGRAPHY

- Abberti, Robert E., and Emmons, Michael L., Your Perfect Right.
Glendale, Arizona: Grandview Printers, 1970.
- Hawkins, James L., and Johnsen, Kathryn. "Perception of Behavioral
Conformity, Imputation of Consensus, and Marital Satisfaction,"
Journal Of Marriage And The Family, (August, 1969), 507-11.
- Knox, David. Marriage Happiness. Champaign, Illinois: Research
Press Company, 1971.
- Liberman, Robert. "Behavioral Approaches To Family And Couple
Therapy," American Journal Of Orthopsychiat, 40 (January,
1970), 106-17.
- Tweedie, Donald F., "Contract Therapy: The Renegatiation of Marriage
and The Family," (Fuller Theological Seminary), 1-9.